Original - Court 1st copy - Payer 2nd copy - Payee 3rd copy - Friend of the Court

Approved, SCAO

STATE OF MICHIGAN

REFEREE FINDINGS AND REPORT

CASE NO.

COUNTY A	FTER HEARING ON MOD OF SUPPORT	IFICATION		
Court address		I	Co	ourt telephone no.
Plaintiff's name and address		1. Date of hearing:		
		Referee:		Bar no.
		Date of support of		
V		Name of payer:		
Defendant's name and address				
FINDINGS:				
2. A motion was filed on	by the [friend of the court	☐ plaintiff	defendant
requesting the order of support be modif	ed to:			
☐a. ☐ increase ☐ decrease sup	port payments.			
☐b. require the party(ies) to obtain or ma	intain health care coverage	e for the child(ren).		
3. Notice of hearing has been ☐ ser	ved on both parties.	waived by both partie	es.	
4. A material change of circumstances ex	sts which warrants modifica	ation of the support orde	er.	
☐ No material change of circumstances e	xists which warrants modifi	cation of the support or	der.	
5. Plaintiff Defendant was pres	sent at the hearing.			
6. Other:				
7. Either party has the right to request a judi this recommendation is served. The party other party.				
Based upon these findings the referee recon	nmends entry of the attache	ed order.		
Date	Defor	ree signature		